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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU030291
First Named Inventor	Donald Henry Willis et al.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PIXEL SHIFTING COLOR PROJECTION SYSTEM

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/511,801	10/16/2004	
60/511,872	10/16/2004	
60/511,858	10/16/2004	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI				
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Address	PO Box 5312				
City PRINCETON	State NJ	ZIP 08543-5312			
Country USA	Telephone 609-734-6834	Fax (609) 734 - 6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name DONALD HENRY		Family Name WILLIS or Surname			
Inventor's Signature <i>Donald Henry Willis</i>				Date <i>October 19, 2004</i>	
Residence: City INDIANAPOLIS	State INDIANA	Country US	Citizenship US		
Mailing Address					
Mailing Address 5175 East 74 th Place					
City INDIANAPOLIS	State INDIANA	ZIP 46250	Country US		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name BILLY WESLEY		Family Name BEYERS or Surname			
Inventor's Signature <i>Billy Wesley Beyers</i>				Date <i>Oct 25 2004</i>	
Residence: City CARMEL	State INDIANA	Country US	Citizenship US		
Mailing Address					
Mailing Address 1075 Arrow Wood Drive					
City CARMEL	State INDIANA	ZIP 46033	Country US		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1****Best Available Copy**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
ESTILL THONE		HALL, JR.		
Inventor's Signature	<i>X Estill Jerome Hall, Jr.</i>		✓ 10-14-04 Date	
Residence: City	FISHERS	State	IN	Country US
Citizenship US				
Mailing Address				
Mailing Address 9978 NIAGARA DRIVE				
City FISHERS	State	INDIANA	ZIP 46038	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
MICHAEL SCOTT		DEISS		
Inventor's Signature	<i>X Michael Scott Dm</i>		✓ OCT 15, 2004 Date	
Residence: City	ZIONSVILLE	State	IN	Country US
Citizenship US				
Mailing Address				
Mailing Address 1103 INDIAN PIPE LANE				
City ZIONSVILLE	State	INDIANA	Zip 46077	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	DONALD HENRY WILLIS et al.
Title	PIXEL SHIFTING COLOR PROJECTION SYSTEM
Art Unit	
Examiner Name	
Attorney Docket Number	PU030291

I hereby appoint:

Practitioners at Customer Number
OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.:

OR

The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Patent Operations			
Address				
Address	P. O. BOX 5312			
City	PRINCETON	State	NJ	ZIP 08543-5312
Country	USA			
Telephone	609-734-6820	Fax	609-734-6888	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	ROBERT B. LEVY, REG. NO. 28,234		
Signature			
Date	3/16/06	Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph J. Laks
Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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DATED this 14th day of February, in the year 2006.

Signature:

Typed Name As Signed:

Title:

Béatrix de Russé
Béatrix de Russé
Authorized Representative,
Vice-President Intellectual Property & Licensing

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THOMSON LICENSING

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

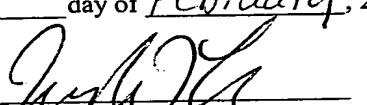
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Francis A. Davenport - Sr. Patent Agent
William A. Lagoni - Patent Agent
Brian J. Cromarty - Patent Agent
Ronald Kolczynski - Member Patent Staff
Michael A. Pugel - Patent Agent
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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DATED this 27th day of February, 2006.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

